

59th Medical Wing



U.S. AIR FORCE

59 MDW Dermatology Produce Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 11 Aug 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Dermatology Product Line Review

Revised Financing Overview

Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
 - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets;

Business Plan Overview

Plan Development

- Each MTF plan rolled into one SA-MM plan which answers the following questions:
 - Enrollment:
 - How many people do you expect to enroll?
 - Demand for Healthcare:
 - What amount of health care do you expect your enrollees to demand?
 - How are you going to meet the demands of your enrollees for health care that you can not provide?
 - Workload and Supply of Healthcare:
 - What amount of health care do you expect your facility(s) to produce? What amount will be for non-enrollees?
 - What manpower resources will you have to produce health care?
 - What other major changes in your facility(s) will affect the amount of health care you produce?

Business Plan Overview

Plan Components

- Enrollment Categories:
 - **PRIME:** In-house Care (IHC), Other Direct Care (DC), and Private Sector Care (PSC)
 - **Fee-for-Service (FFS):** Other MTFs' Enrollees, Space A-Active Duty (SA AD); SA Non-Active Duty (SA NAD), Plus/TFL, and MCSC
- Targets set for type of care by enrollment category
 - Outpatient Care: Relative Value Units (RVUs)
 - Inpatient Care: Relative Weighted Products (RWPs)

- Access, productivity, and data quality (getting credit for the work you really do) are critical keys to success

Business Plan Overview

Actual 59 MDW Performance Oct-Apr 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	226,718	14,145	48,784	289,647	70,374	63,642	42,481	93,027	269,524
Target	250,489	22,422	40,921	313,832	82,541	96,674	83,462	64,871	327,548
Diff	(23,771)	(8,277)	7,863	(24,185)	(12,167)	(33,032)	(40,981)	28,156	(58,024)
% Met	91%	63%	119%	92%	85%	66%	51%	143%	82%

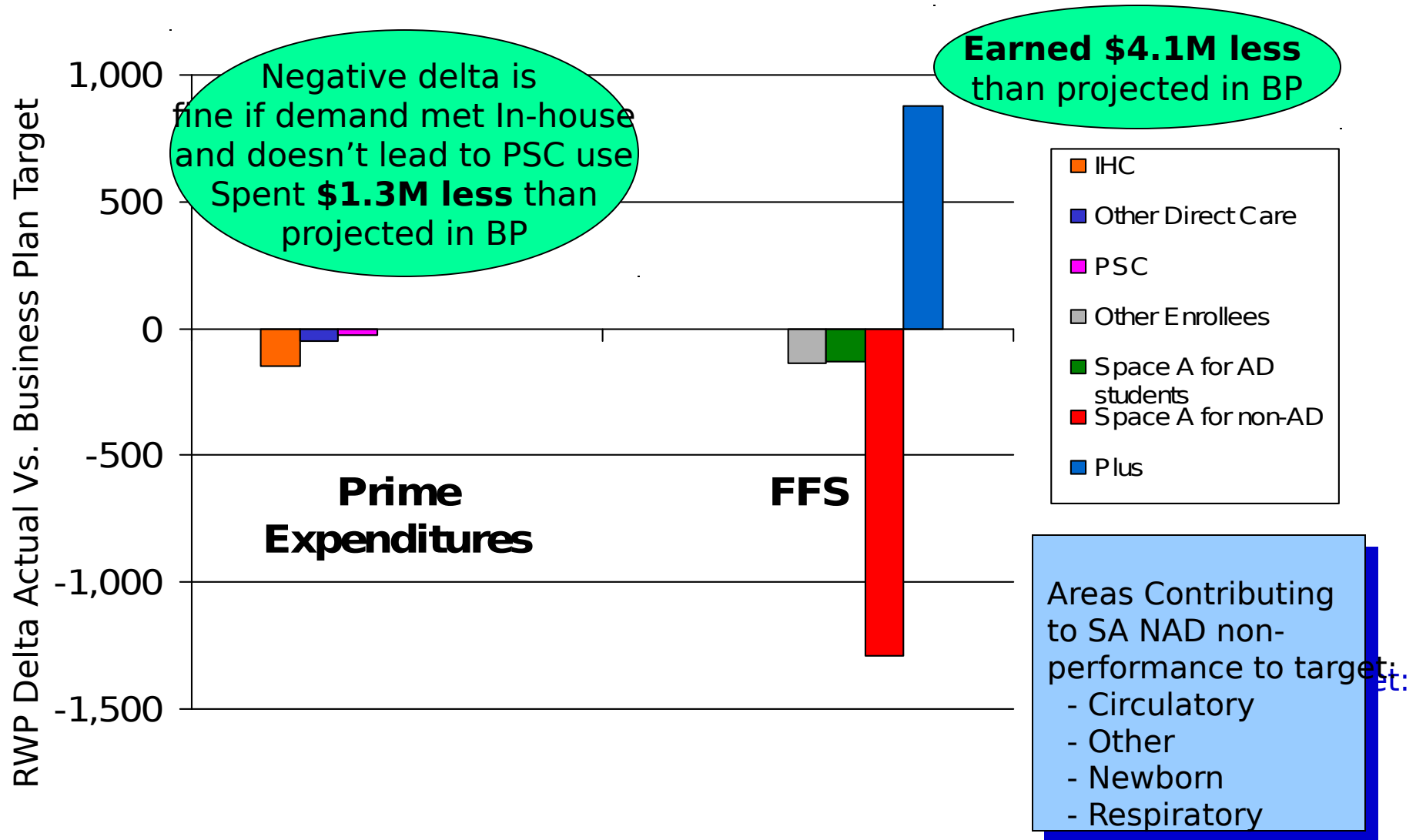
RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,352	201	295	2,848	1,700	255	2,964	2,688	7,607
Target	2,499	249	321	3,069	1,830	387	4,252	1,813	8,282
Difference	(147)	(48)	(26)	(221)	(130)	(132)	(1,288)	875	(675)
% Met	94%	81%	92%	93%	93%	66%	70%	148%	92%

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

Source: P2R2 Virtual Analyst website

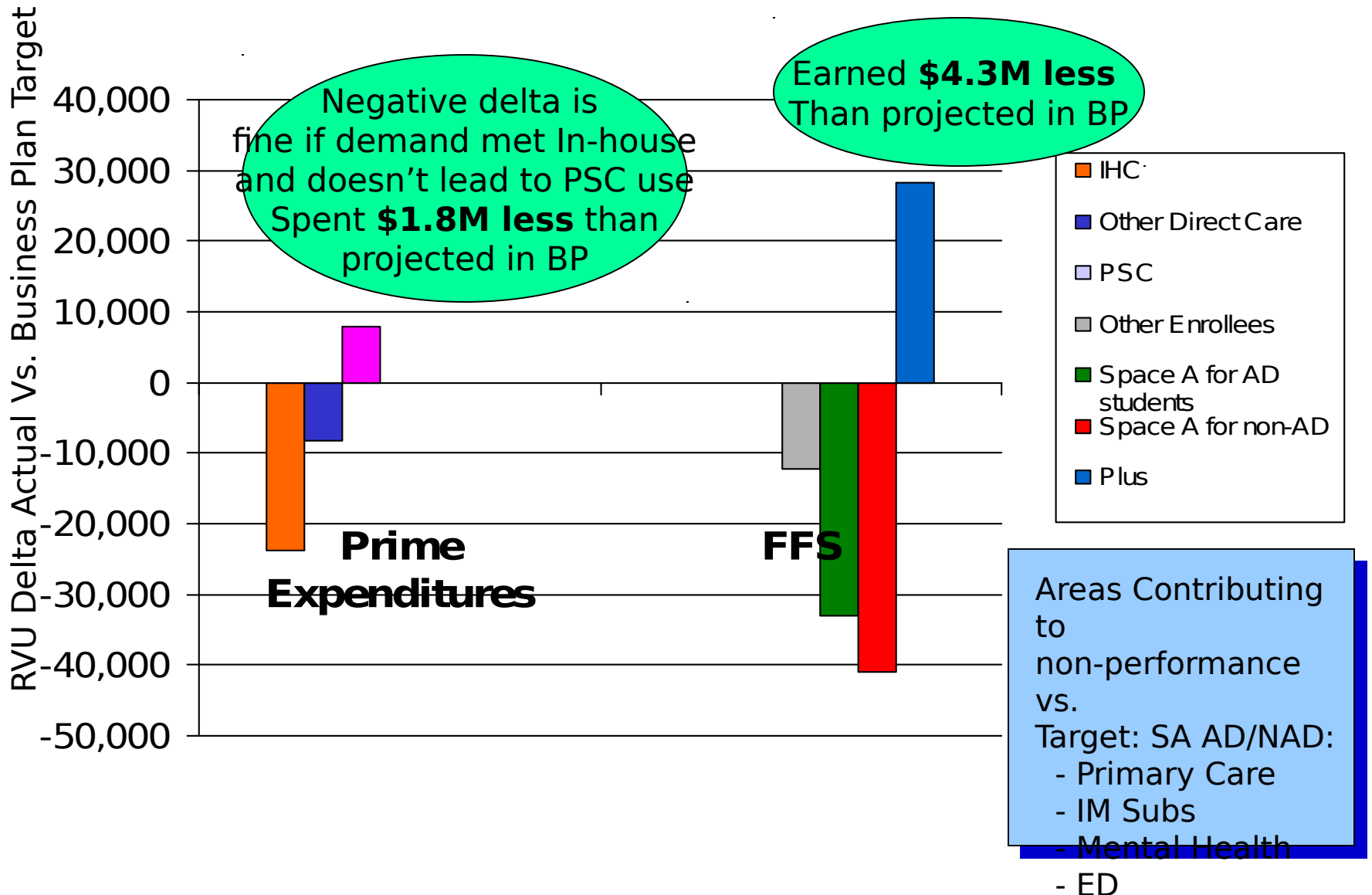
Business Plan Overview

Inpatient Care Performance Oct-Apr 04



Business Plan Overview

Outpatient Care Performance Oct-Apr 04



Business Plan Overview

Overall Financial Implications

	Annual (Target)	Oct-Apr Target	Oct-Apr Actual	(Actual Vs. Target)
Enrollment	\$58,523,724	\$ 34,138,943	34,759,234	\$ 620,291
PRIME Enrollees				
<i>Inpatient Care</i>				
In House Care	\$25,270,813	\$ 14,741,308	\$13,886,114	\$ (855,194)
Other Direct Care	\$2,522,500	\$ 1,471,459	\$1,184,274	\$ (287,185)
Private Sector Care	\$4,619,943	\$ 2,694,967	\$2,402,622	\$ (292,345)
Total PRIME Inpatient	\$32,413,256	\$ 18,907,734	\$17,473,010	\$ (1,434,724)
<i>Outpatient Care</i>				
In House Care	\$32,116,260	\$ 18,734,485	\$16,976,966	\$ (1,757,519)
Other Direct Care	\$2,735,144	\$ 1,595,501	\$1,041,035	\$ (554,466)
Private Sector Care	\$2,735,067	\$ 2,602,492	\$3,231,846	\$ 629,354
Total PRIME Outpatient	\$37,586,471	\$ 22,932,478	\$21,249,847	\$ (1,682,631)
Total Capitation				\$ 3,737,646
Fee For Service (FFS)				
<i>Inpatient Care</i>				
Other Enrollees	\$18,866,234	\$ 11,005,303	\$10,454,882	\$ (550,421)
Space A AD	\$5,180,567	\$ 3,021,997	\$2,230,648	\$ (791,349)
Space A NAD	\$42,860,174	\$ 25,001,768	\$17,433,175	\$ (7,568,593)
Plus/TFL	\$18,265,246	\$ 10,654,727	\$15,809,747	\$ 5,155,020
MCSC	\$ -	\$ -	\$ -	\$ -
Total Inpatient FFS	\$85,172,221	\$ 49,683,795	\$45,928,452	\$ (3,755,343)
<i>Outpatient Care</i>				
Other Enrollees	\$10,436,984	\$ 6,088,241	\$5,204,591	\$ (883,650)
Space A AD	\$11,817,148	\$ 6,893,337	\$4,556,532	\$ (2,336,805)
Space A NAD	\$11,018,825	\$ 6,427,648	\$3,271,108	\$ (3,156,540)
Plus/TFL	\$8,443,958	\$ 4,925,642	\$7,041,872	\$ 2,116,230
MCSC	\$ -	\$ -	\$ -	\$ -
Total Outpatient FFS	\$41,716,915	\$ 24,334,868	\$20,074,103	\$ (4,260,765)
Total FFS				\$ (8,016,108)
Total Capitation and PPS				\$ (4,278,462)

Business Plan Overview

FY05 Business Plan Development

- FY05: 25% “at risk” in Year 1
- Target Starting Point: FY03 LOE
- Adjustments
 - Enrollment: increased to current enrollment levels + unenrolled AD for FY05 + Northside Clinic recapture in FY06
 - Productivity (RVUs/RWPs)
 - New mobility commitments (by provider by AFSC over FY03 LOE)
 - Facility renovation-driven changes

Business Plan Overview

FY05 Targets vs. Current

	New (FY05) Annual Target	New (FY05) Monthly Target	Current Monthly Target (02 LOE)	Change	Difference	% Change
Enrollment	51,510	51,510	50,263	Up	1,247	2%
PRIME Enrollees						
<i>Inpatient Care</i>						
In House Care	4,740	395	357	Up	38	11%
Other Direct Care	433	36	36	No Change	0	0%
<u>Private Sector Care</u>	<u>964</u>	<u>80</u>	<u>46</u>	Up	34	75%
Total PRIME Inpatient	6,137	511	439	Up	72	16%
<i>Outpatient Care</i>						
In House Care	380,204	31,684	35,636	Down	(3,952)	-11%
Other Direct Care	31,269	2,606	3,203	Down	(597)	-19%
<u>Private Sector Care</u>	<u>119,408</u>	<u>9,951</u>	<u>5,531</u>	Up	4,420	80%
Total PRIME Outpatient	530,881	44,240	44,370	Status Quo	(130)	0%
Fee For Service (FFS)						
<i>Inpatient Care</i>						
Other Enrollees	2,759	230	261	Down	(31)	-12%
Space A AD	589	49	55	Down	(6)	-11%
Space A NAD	3,303	275	608	Down	(333)	-55%
Plus/TFL	5,770	481	259	Up	222	86%
MCSC	<u>231</u>	<u>19</u>	<u>-</u>	N/A	19	N/A
Total Inpatient FFS	12,651	1,054	1,183	Down	(129)	-11%
<i>Outpatient Care</i>						
Other Enrollees	107,741	8,978	11,792	Down	(2,814)	-24%
Space A AD	114,754	9,563	13,811	Down	(4,248)	-31%
Space A NAD	36,848	3,071	11,923	Down	(8,852)	-74%
Plus/TFL	153,303	12,775	9,267	Up	3,508	38%
MCSC	<u>9,605</u>	<u>800</u>	<u>-</u>	N/A	800	N/A
Total Outpatient FFS	422,251	35,188	46,793	Down	(11,605)	-25%

Business Plan Overview Summary

- Internal Business Case Analyses to ensure we're:
 - Doing the right mix in-house care
 - Sending minimum and/or the right care to the network
 - Using our resources to get greatest return on investment
 - Take care of PRIME
 - Increase enrollment as long as you can provide the care at or below projected costs
 - Maximize FFS capacity to earn revenue
- Focus on Access, Productivity, and Data Quality
- Targets of Opportunity
 - Increase OHI Capture from 6% to 15%
 - Increase enrollment by establishing primary care sites in areas of growing population (North-side Clinic/Camp Bullis)
 - Aggressively manage network referrals to increase care in the direct care system

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

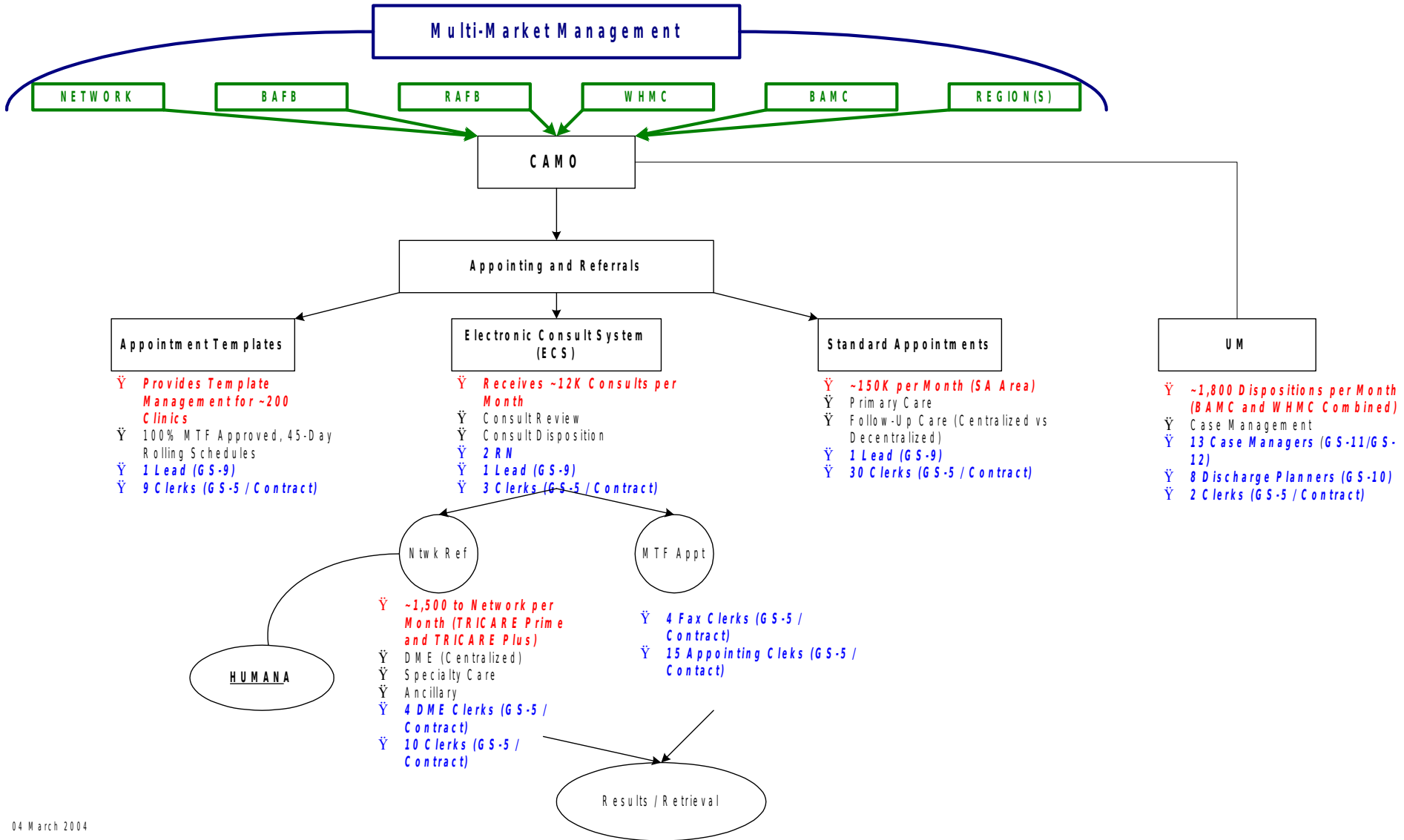
SA-MM Overview

Mission and Vision

- **Vision:** A world-class, multi-service, unified health system serving San Antonio and referred beneficiary market
- **Mission:** Maximize utilization of the direct care system in the SA-MM area
 - Establish CAMO
 - Template management
 - Appointment standardization
 - Timely & complete documentation
 - Medical Management (Referral management, case management, discharge planning and disease management)
 - Integration of clinical services to maximize care
 - Use best practices to optimize contracting, revenue cycle management, clinical, and pharmacy functions



CAMO Overview Organization Structure



CAMO Overview

Role and Basic ROEs

- Referral Management and Consulting Tracking
 - All consults will be reviewed by the CAMO (electronically in CHCS) and then sorted by specialty
 - If clinic review required, clinic reviews referral/consult and sends back to PAS within 24 hours with instructions for booking (if applicable)
 - Appointment priority availability:
 - AD/ TRICARE Prime
 - TRICARE Standard
 - TRICARE Plus (LOE)
 - Space-A Over 65 (appointment available within one-week)
 - All referrals/consults for beneficiaries will first try to be booked at MTF enrolled (e.g. BAMC); if not available, then will try to book in other SA MTF (e.g. WHMC)
 - If not available at either MTF, then referral / consult will be sent to CAMO for clinical review for first right of refusal
 - If no resolution, then last resort is to send referral/consult to Humana for referral to network (TRICARE Plus will go directly to the TRICARE Referral Center)

CAMO Overview

Role and Basic ROEs (Con't)

- All referrals / consults that go to the network will initially be managed by two entities:
 - CAMO (TRICARE Plus)
 - Humana (TRICARE Prime, Standard, AD)
 - Each entity will require results from network provider 5 business days from date of appointment or 30 days from initiation of consult (the sooner of the two)
- CAMO will scan all results received back at MTF and distribute to requesting provider and PCM
 - Scanned results will be entered into CHCS, and referral will be closed out

Dermatology

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Dermatology Initiatives
- Stoplights

Dermatology Clinic Description

- Outpatient Clinic
- Service offered at both WHMC & BAMC
 - Army Physician assigned to 59 MDW
- Integrated Residency Program
 - 3 AF Starts per Year
 - 9 Total AF Residents/12 Total Army Residents (7 starts per year)

Dermatology

Manpower and Staffing

	AUTHORIZED				ASSIGNED				
Providers	MIL	GS	Total		MIL	GS	K	Total	Staffing
44S3	3	0	3	44S3	4	0	0	4	133%
44S3A (Dermotologic Surgery)	1	0	1	44S3A *	1	0	0	1	100%
44S3B (Dermatopathology)	1	0	1	44S3B *	1	0	0	1	100%
Total Providers	5	0	5		6	0	0	6	120%
	AUTHORIZED				ASSIGNED				
Support Staff	MIL	GS	Total		MIL	GS	K	Total	
4N0X1	8	1	9	4N0X1	6	1		7	
4A0X1	2	2	4	4A0X1	2	2		4	
Ratio 44S3X to 4N	1:1.18								
Ratio 44S3X to 4A	1:0.83								
Ratio 44S3X to Total Support	1:1.83								

By Name:

44S3s: **Viernes** (Flt/CC), **Osswald**,
Meffert (P.Dir), **Davis** (overage; retire at H
44S3A: **Clayton** (out)/**Lavasseur** (in)
44S3B: **Murchland**

- >1:1 ratio of support to staff Providers but 4Ns and 4As also support residents (9)
- Staffing will decrease to 100% when Col Davis retires at HYT

Dermatology

Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
 - None
- AFMS-wide staffing outlook
 - Currently 28/23 or 122% staffed
 - Should remain at or above 100% in out-years

Dermatology

Mobility and Other Deployments

- Physician Deployments
 - FY03: AF – 0; Army MC – 5 months
Feb-Jun 03
 - FY04 Taskings in Turtle Model: 0
- Humanitarian and Civic Assistance
 - 1 in FY03 (Dr. Meffert – 2 weeks,
Bolivia)

Dermatology

Access to Care

- Routine Standard for Specialty Care is within 28 Days
 - Dermatology Actual: PRIME seen within 14 days (2 weeks)

• Dermatology is **exceeding** standard for Routine Access to specialty Care

Dermatology Template Review

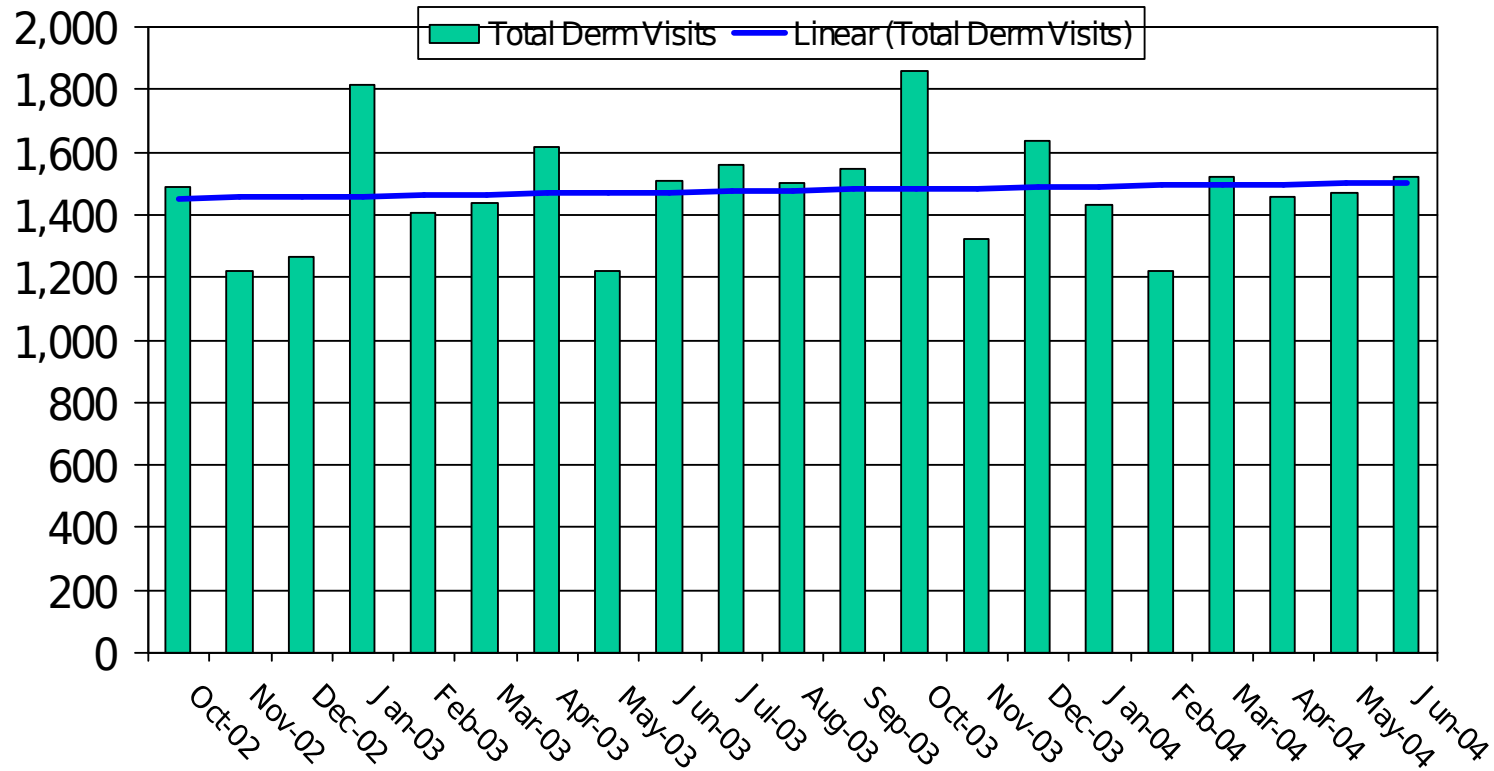
Templated Appointments *	1,090
# Booked	957
% Booked	88%
% "Frozen" Templated Appointments	0%
# Walk-ins	566
% Walk-ins of Total Patients Seen	37%
Total Patients Seen	1,523
% Patient Increase over Template Expectations	52%

- 1,523 patients/month total seen in Jun 04 with 4 Staff dermatologists equals 381 patients/month/staff FTE or 19 patients/day/FTE

* Sample: Jun 04

Dermatology

Total Visits Oct 02-Jun 04

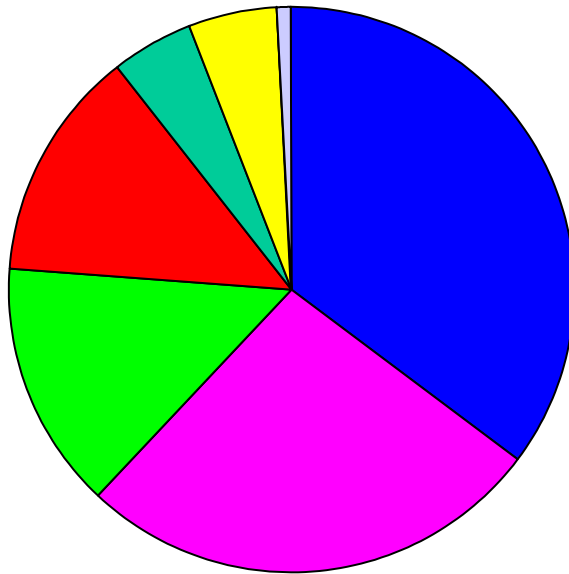
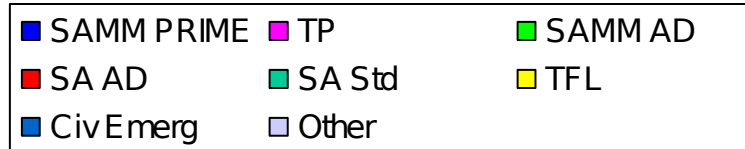


- FY04 Avg (to date): 1,493/mo
- FY03 Avg: 1,466/mo*
- FY04 Increase: 1.84%

Source: (Raw) CHCS, 59 MDW/ADBA

Dermatology

Visits by Enrollment Category (FY03)

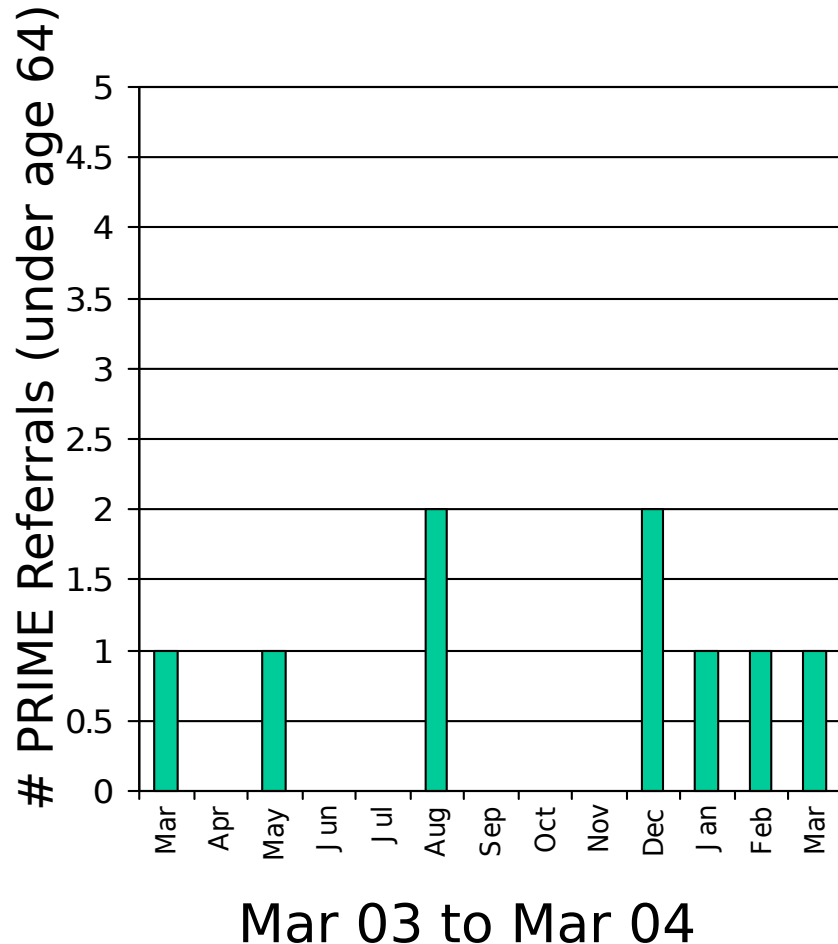


- Total FY03 Users: 7,786
- Total FY03 Visits: 16,322
- Avg: 2.1 Visits per User
 - Plus: 2.61 visits/user
 - PRIME: 2.14 visits/user
 - AD PRIME: 2.33 visits/user
- Total FY03 CMAC: \$1.172M
 - Avg CMAC/Visit: \$72/visit
 - Plus: \$87/visit
 - PRIME: \$70/visit
 - AD Prime: \$71/visit

- Visits for SAMM PRIME (NAD and AD) and Plus patients make up 76% of all Dermatology visits at 59 MDW
- TP patients have greatest # visits/patient at highest cost/visit

Dermatology

PRIME Containment & Referrals to Network



PSC Cost and % PRIME PSC Cost

- Mar 02: Unknown
- May 02: Unknown
- Aug 02: Unknown
- Dec 03: \$158.94 or 0.19%
- Jan 04: \$51.28 or 0.05%
- Feb 04: \$6.67 or 0.01%
- Mar 04: \$35.32 or 0.04%
- Total FY04: \$252.21 to date *

- Before FY02 was a top 5 referred specialty
- FY03 to present: Very few referrals non-existent for PRIME
- Reasons: continuity of care or 2d opinion Vs. Non-availability

* Months-long delay in real-time info in M2

Dermatology

Recapture Opportunities

- WHMC and BAMC have approximately 97% of the market share (FY03 Data)
 - WHMC CMAC: \$1.172M
 - BAMC CMAC: \$2.400M
 - Purchased Care CMAC (< 65 yrs): \$95K (3%)
- FY04 (to date) Private Sector ~~Care Claims~~ ← ~~Claims Area~~
 - Tricare Standard: \$30.3K
 - Tricare For Life/Tricare Plus: \$246.7K

- Minimal recapture opportunity for CHAMPUS eligible patients under age 65 who are not enrolled to an MTF
 - In FY03, 59 MDW saw 387 TRICARE Std pts for 763 visits at \$60K CMAC in-house

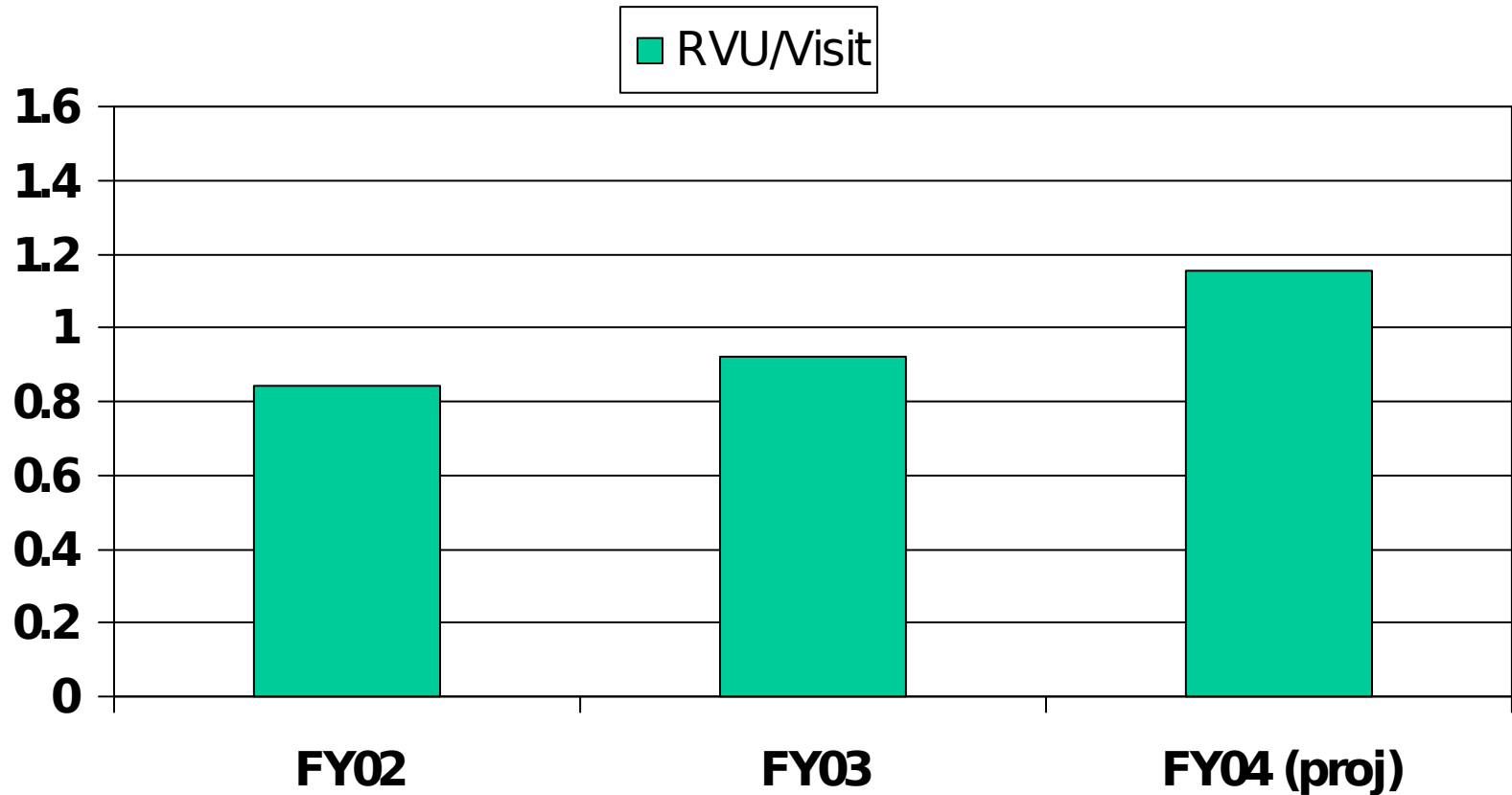
Dermatology Coding Analysis

- Coder Situation: Share 1 coder with Allergy
- Data Quality* (Goal: 90% or more)
 - ICD9: 97.87% (Avg: 80.7%)
 - CPT: 92.59% (Avg: 76.8%)
 - E&M: 88.65% (Avg: 81.3%)

- Exceeds AFMSA standards for ICD9 and CPT
- Exceeds 59 MDW Avg in all 3 measurable areas

Dermatology

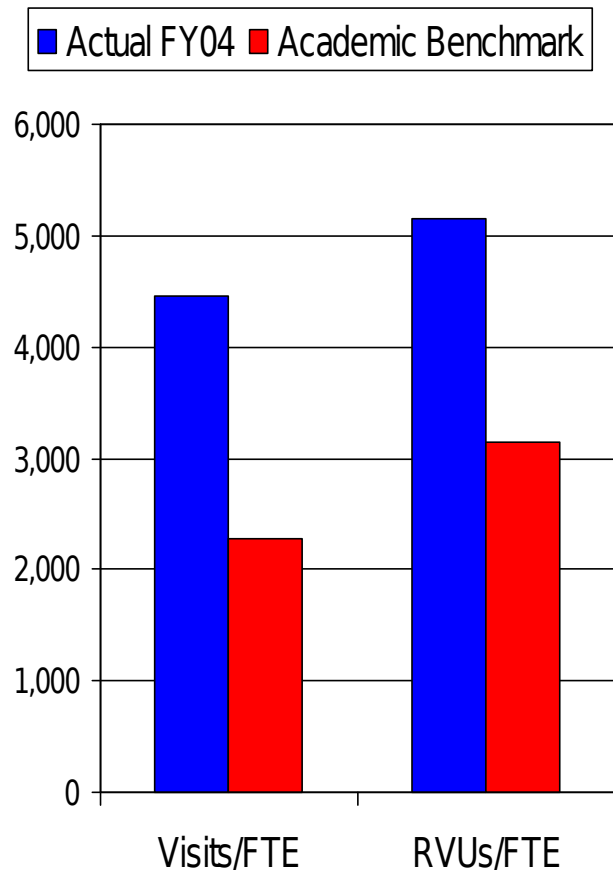
RVUs/Visit (complexity)



- FY04 WHMC Dermatology measure of complexity increased 25% Over FY03

Dermatology

Benchmark Comparison per FTE

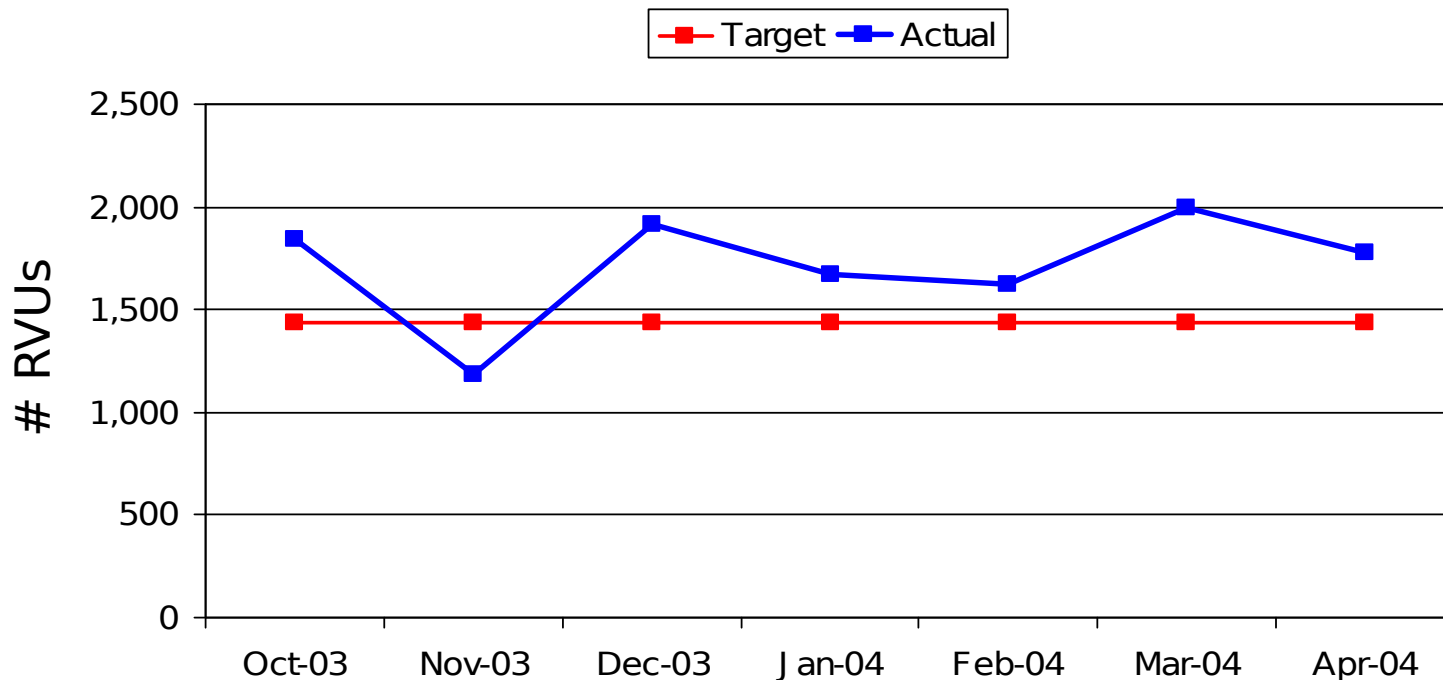


	1 Staff = 1 FTE	1 Staff = .7 FTE
#FTEs	4	2.8
Total Projected FY04 Visits	17,847	17,847
Proj FY04 Visits/FTE	4,462	6,374
Academic Benchmark (visits/FTE)	2,287	2,287
% Exceeding Benchmark	195%	279%
Projected RVUs @ 1,716/mo	20,592	20,592
RVU/Visit	1.15	1.15
RVU/FTE @ 4462 Visits/FTE	5,148	7,354
Academic Benchmark (RVU/FTE)	3,141	3,141
% Exceeding Benchmark	164%	234%

- Dermatology staff exceeding academic benchmark for both indicators at 1 FTE and 0.7 FTE

Dermatology

Total RVUs vs. BP Target Oct-Apr 04



- Overall RVUs exceed total target for Oct-Apr 04
- Good, but Business Plan (BP) looks at RVUs by enrollment category.....

Dermatology

Business Plan Performance Oct-Apr 04

	PRIME				Fee For Service (FFS)				
	IHC	Other DC	PSC	Total PRIME	Other MTFs' Enrollees	SA AD	SA NAD	TP	Total FFS
Actual Oct-Apr 04	5,139	712	57	5,908	1,596	574	524	3,407	6,101
Target	3,724	784	112	4,620	1,456	721	1,197	2,009	5,383
Diff	1,415	(72)	(97)	1,246	140	(147)	(673)	1,398	718
% Met	138%	636%	51%	128%	110%	80%	44%	170%	170%
\$ Implications	\$ 104,710	\$ (5,328)	\$ (7,178)	\$ 92,204	\$ 10,360	\$ (10,878)	\$ (49,802)	\$ 103,452	\$ 53,132

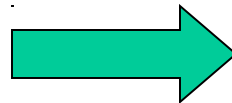
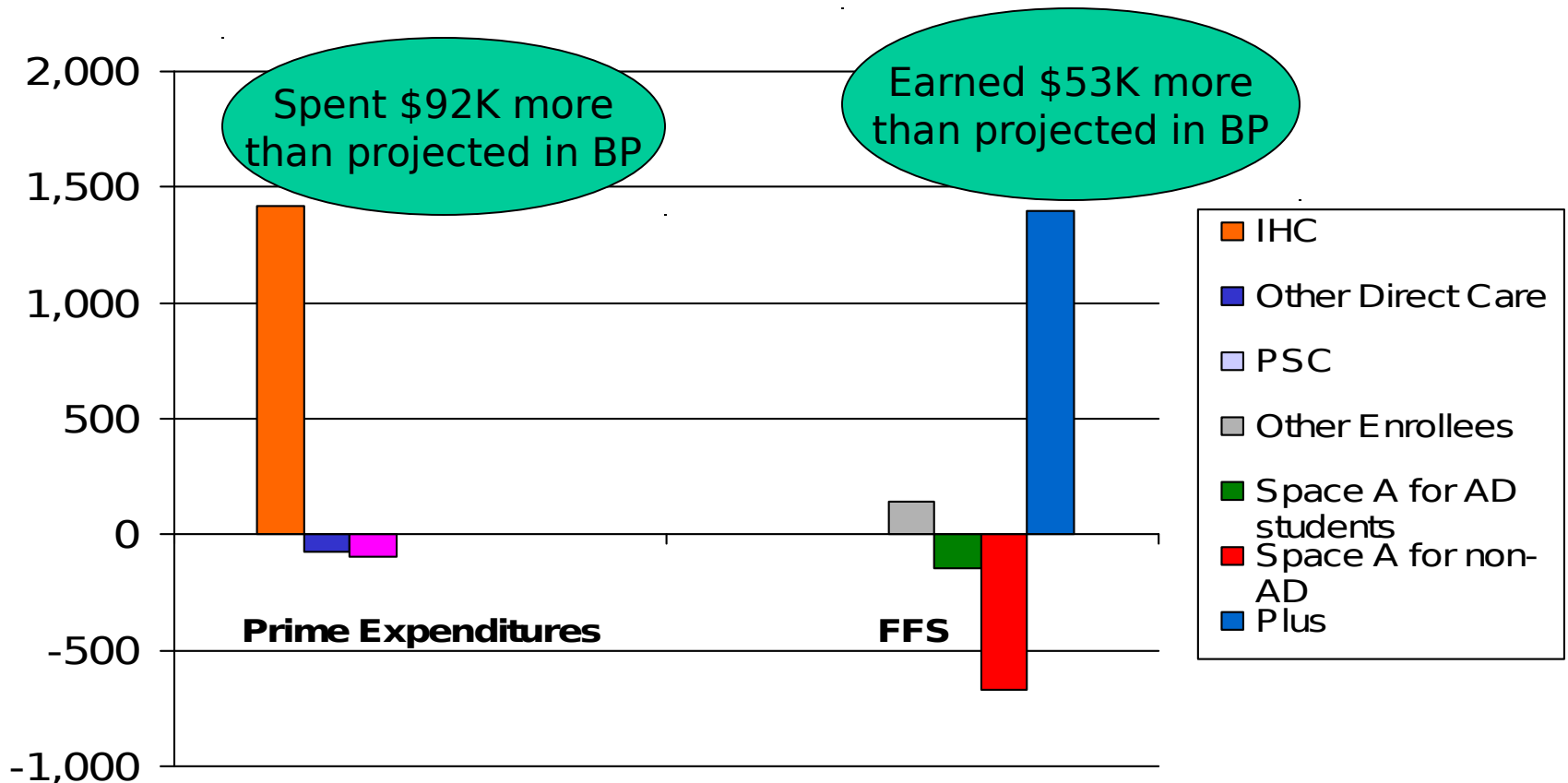
	Total
Overall PRIME	\$ (92,204)
Overall FFS	\$ 53,132
Financial Bottom-line	(39,072)

- Spent \$92K more than projected on PRIME patients
- Earned \$53K more than projected on FFS patients
- Bottom-line: Impacted 59 MDW overall BP performance by -\$39K
 - This is just 5.6% off value of total care targeted in BP for Oct-Apr
 - * Total = total target RVUs @ \$74

Dermatology

Outpatient Care By Enrollment Category

RVU Delta Actual Vs. Business Plan Target



- Bottom-line financial impact to 59 MDW BP: -\$39K

Dermatology

New FY05 BP Targets

	Current BP Targets	% of Total Target	FY04 Avg Actual	FY05 Targets	% Increase over Previous Target
IHC	532	37%	734	743	40%
Other DC	112	8%	102	141	26%
PSC	22	2%	8	17	-23%
PRIME Total	666	46%	844	901	35%
Other Enr *	208	14%	228	223	7%
SA AD	103	7%	82	84	-18%
SA NAD	171	12%	75	24	-86%
Plus	287	20%	487	550	92%
MCSC	0	0%	n/a	25	
FFS Total	769	54%	872	907	18%
Total	1,435		1,716	1,807	26%

** Projects 39 RVUs/mo from Brooks, 55 from Randolph, 68 from BAMC, And 62 from "other".*

- Targets by enrollment category calculated by Air Staff based on FY03 LOE and FY04 performance, adjusted for increased enrollment, Readiness/Turtle Model, and infrastructure projects

Dermatology

Oct-Apr 04 Performance vs. *FY05* *Targets*

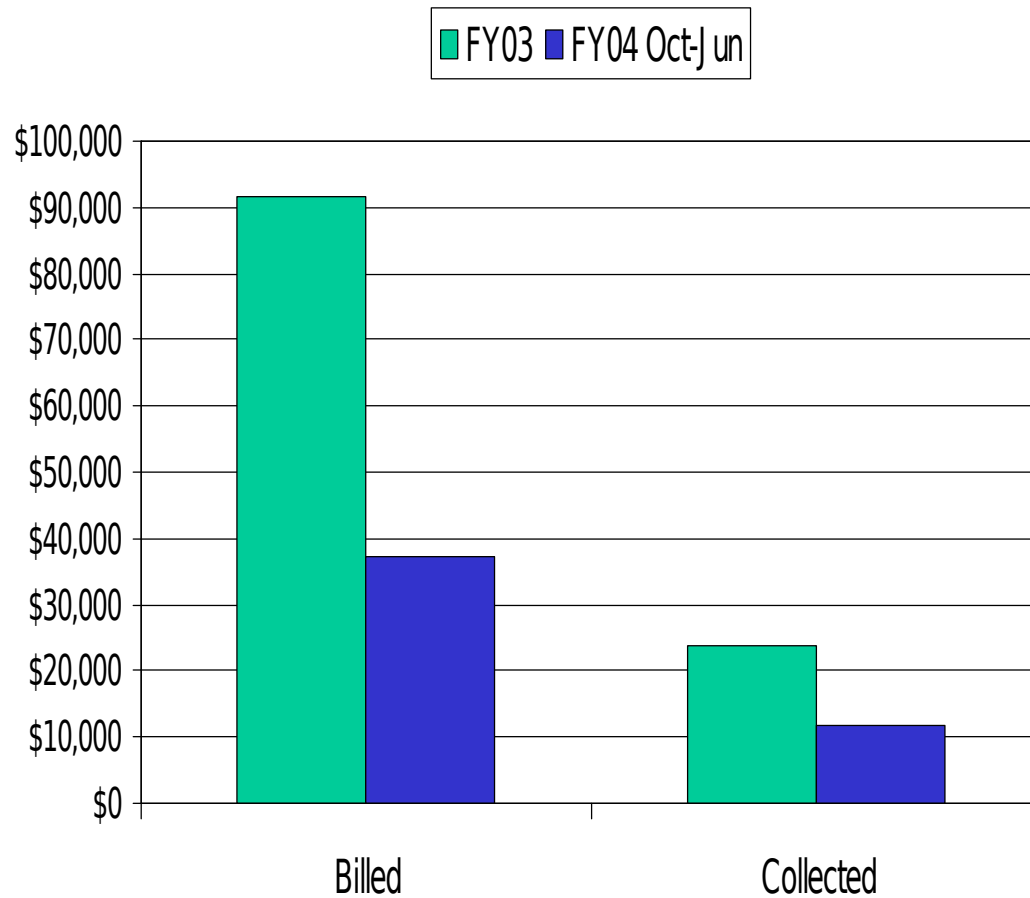
	PRIME				Fee For Service (FFS)					
	IHC	Other DC	PSC	Total PRIME	Other MTFs' Enrollees	SA AD	SA NAD	TP TFL	MCSC	Total FFS
Actual Oct-Apr 04	5,139	712	57	5,908	1,596	574	524	3,407	-	6,101
Target	5,201	987	119	6,307	1,561	588	168	3,850	175	6,342
Diff	(62)	(275)	(62)	(399)	35	(14)	356	(443)	-175	(241)
% Met	99%	72%	48%	94%	102%	98%	312%	88%	0	96%
\$ Implications	\$ (4,588)	\$ (20,350)	\$ (4,588)	\$ (29,526)	\$ 2,590	\$ (1,036)	\$ 26,344	\$ (32,782)	-12,950	\$ (17,834)

	Total
Overall PRIME	\$ 29,526
Overall FFS	\$ (17,834)
Financial Bottom-line	11,692

- If performance remains the same next year against new targets, overall financial bottom-line will be +\$12K for same period
- Caveat: enrollment targets presume increased enrollment which should result in increased "actual" RVUs

Dermatology

Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.26
 - FY04: 0.32
- ➔ Collecting more of what we bill but billing less overall
 - FY03: \$7.6K/mo
 - FY04: \$4.1K/mo (-46%)
- Lower OHI Rates; esp TP?

Dermatology Clinic Initiatives

Basic Tenants:

- Physician Involvement: *“The clinician needs to be intimately involved in all facets of patient care from receipt of the consult to the follow-up appointment.”* (Dr. Viernes)
- Teamwork and communication between entire staff
- Main Focus Areas: Access to Care and Data Quality
 - Tracks access to ensure enrollees are seen within 28-day standard for specialty appointments
 - *“If the schedule can’t be shifted to get our enrollees seen, we would hold a Saturday clinic.”* (Dr. Viernes, Flt/CC)
 - Patient’s eligibility status is noted on all consults to ensure all Prime patients are seen
 - Space-A patients are seen if Prime access is good

Dermatology Clinic Initiatives

Access and Template Management:








- Schedule changes are rare and must be approved by Flt/CC
- Chief Resident sees clinic patients rather than canceling appointments in event of an emergency
- Providers allowed some schedule flexibility for personal matters as long as their patients are managed appropriately & access met
- Flt/CC and Residency Program Director get minimal admin time; remaining providers get no specially allocated administrative time
 - Increases access for Dermatology patients; less provider downtime
- Ensure # consults in CHCS awaiting appointments doesn't exceed 1 page or 11 consults
- Physician reviews all new consults to ensure a visit is appropriate to eliminate wasted appointments
- Patient contact recorded on electronic consult; 3+ unsuccessful attempts, the reviewing provider notifies the referring provider








Dermatology Clinic Initiatives

Data Quality:

- Problems identified by coding auditor; primarily missing documentation
- Clinic overprint maximized potential for capturing required documentation
- Each resident chart reviewed by staff provider for quality of care and documentation completion (not required by RRC)
- Staff provider provides *feedback* to the resident regarding their visit documentation ... resident improves charting skills
 - A simple line added to the SF Form 600 - staff provider agrees/disagrees with treatment and signs (circles decision on overprint line)
 - This extra step also allows the visit to be reimbursed at the higher rate
- Coder makes recommendations or addresses key issues or charting trends at staff meeting
 - Coder encouraged to approach any provider to recommend improvements in charting at any time

Dermatology Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time	
PRIME Containment	
market Share	

Area Reviewed	
Recapture Opportunity	
Data Quality	
Productivity vs. Civilian Benchmarks	
Total RVUs vs. BP Target	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	
Clinic Involvement	

Dermatology

Recommendations and Discussion

- General Discussion
- Recommendations
- Identification of Problems
- Clinic Initiatives requiring resources, etc.

Dermatology

Next Steps

- Step 2
 - Follow-up: Week 23-27 Aug 04 (Wed or Thursday mornings)
- Step 3
 - Projected WHMC/BAMC Brief: 7-10 Sep 04



Integrity - Service - Excellence